

Confidential Credit Application

Instructions: To be completed by a designated representative at the organization requesting credit terms. Once complete, the information contained in this document will be held in strict confidence.

Company Information			
Name of Business	If public,	stock symbol	() - Phone () -
Address City Sta	ate ZIP		Fax Email Address
General Description/Nature of Busine Corporation Legal Form Under Which Business Op	Partnership	☐ Proprietorship	In Business Since Other:
If Division/Subsidiary, Name of Parent	: Company		In Business Since
Tax I.D. Number		()	State of Incorporation
D&B Account #	Billing Contact	Phone	Fax
Most Recent Annual Sales	Total Assets	Total Liabilitie	es Equity
Requested Credit Availability	Current Assets	Current Liabi	lities Current Ratio (CA/CL)
Billing Address (if different than above) or preferred invoice delivery Please include email address for billing			
Bank References			
Institution Name		Institution Name	
Address		Address	
Account #	Type of Account	Account #	Type of Account
Contact Name () -	Email Address () -	Contact Name () -	Email Address () -
Phone	Fax	Phone	Fax
	Trade Re	eferences	
*complete the section below OR	attach a list		
Company Name Company Name			Company Name
Contact Name Contact Name			Contact Name
Address () - () Phone Fax	Address () - Phone	() -	Address () - () - Phone Fax
to be used to determine the amount a listed in this credit application to disc history. Storm Power Components re	and conditions of the credit to b lose any and all information ne serves the right to approve, de	ne extended. Furthermon rcessary to complete you ny or condition requests	Email Address een furnished with the understanding that it is e, I hereby authorize the financial institutions ur evaluation of our financial and credit for credit in it's sole discretion, and reserves rdance with the approved terms may incur
Print Name		Title	
Signature		Date	

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